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PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000002384 (3)

DOCUMENT #
1. Corporation Name LENDOODD OF AMEDICA MODECAGE & CINIANCIAL CEDVICE

Principal Place of Business	Mailing Address
9240 SUNSET DRIVE	12460 TAMIAMI TRAIL
SUITE 235 MIAMI FL 33173	STE #102 MIANU FL 33184
US	US

FILED Jun 01 1998 8:00am Secretary of State

S, INC).	JAGE & FINANCIAL	SERVICE		
Principal Plac	ce of Business	Mailing Address			
9240 SUNSE	ET DRIVE	12460 TAMIAMI TRI	AIL)	
SUITE 235 MIAMI FL 33	3173	STE #102 Mianu Fl 33184		DO NOT WRITE IN THIS SPACE	
US	5175	US		3. Date Incorporated or Qualified	
				01/11/1994	
2. Principal I	Place of Business	2a. Mailing Address			lied For
21		26 9240 Sur	nset Drive	65-0754223 Not	Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc		5. Certificate of Status Desired XX \$8.75 Ac	
22		27	235	Fee Req	uired
City & Sta	ite	City & State	5 1	6. Election Campaign Financing \$5.00 N	
23		28 Miami,	F1.	Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intar	
24 1	25	29 33173	30 Miami D		No
_	9. Name and Address of Curre	ur vaðistalad Vðaur	81 Name	10. Name and Address of New Registered Agent	
	ANDRIAN, FRANCISCO		Lar	ndrian, Francisco	
	2460 TAMIAMI TRAIL		1 2	Address (P.O. Box Number is Not Acceptable)	
	TE P102		924 63	10 Sunset Drive #235	
М	IAMI FL 38184			te 235	
			84 City	— 85 Zip Co	ode
11. Pursuant office or	t to the provisions of Sections 6 07.05 registered about, or both, in the State	02 and 607.1508, Flor ida 5 e of Florida. Such chan ce :	itatutes, the above-named was authorized by the cor	d corporation submits this statement for the purpose of changing its represents board of directors. I hereby accept the appointment as re-	registered eaistered
agent. La	am familia with, and accept the oblid	gations of, Section 607.050	5, Florida Statutes.	poration's board of directors. I hereby accept the appointment as re	
SIGNATURE	Adend	FRANCISCO		4-13-98	
	Scrattle Typod printed name of regulated as		(NOTE Registered Agent signature	e reduined when remistanilly)	111.40
12.	P	ND DIRECTORS *** DELETI	13. E 1.1 TUTLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
	BECERRA, RAMON	AA	4	∤ ₽ — -	Addition
NAME	12460 TAMIAMI TRAIL, #102	1	1.2 NAME	Francisco Landrian	
STREET ADDRESS		2	1.3 STREET ADDRESS	9240 Sunset Dr. #235	
CITY-ST-ZIP	MIAMI FL VP	XX DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Miami, Fl. 33173	Addition
TITLE		XXDECEN	.	VP	Addition
NAME	BECERRA, TERESA	•	2.2 NAME	Barbara Landrian	
STREET ADDRESS	12460 TAMIAMI TRAIL, #102	2	2.3 STREET ADDRESS	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
CITY-ST-ZIP	MIAMI FL			9240 Sunset Drive #235	
TITLE		UU nniew	2.4 CITY - ST - ZIP	9240 Sunset Drive #235 Miami, Fl. 33173	A a a si si s
NAME	M	XX DELET	S 3 1 TITLE	9240 Sunset Drive #235 Miami, Fl. 33173	Addition
ATREET ABBOLCO	M BECERRA, BARBARA L		3 1 TITLE 3.2 NAME	9240 Sunset Drive #235 Miami, Fl. 33173	Addition
STREET ADDRESS	M BECERRA, BARBARA L 12460 TAMIAMI TRAID. #102		3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS	9240 Sunset Drive #235 Miami, Fl. 33173	Addition
CITY-ST-ZIP	M BECERRA, BARBARA L	2	5 3 1 11LE 3 2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP	Change	
CITY-ST-ZIP TITLE	M BECERRA, BARBARA L 12460 TAMIAMI TRAID. #102		E 3.1 1) ILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 1 IILE	Change	
CITY-ST-ZIP	M BECERRA, BARBARA L 12460 TAMIAMI TRAID. #102	2	E 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	Change	
CITY-ST-ZIP TITLE	M BECERRA, BARBARA L 12460 TAMIAMI TRAID. #102	2	E 3.1 1) ILE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 1 IILE	Change	Addition Addition
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an interpretable with an address.